Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
√ Prac	Practitioners associated with the Customer Number:		45160			
OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
	Name	Registration Number			Name Registration Number	
		Number			Number	
-						
-						
as attorney	(s) or agent(s) to represent the undersigned be	fore the United States	Patent and Tradema	rk Office (USPTO	in connection with	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
The address associated with Customer Number: 45160						
OR						
Firm or Individual Name						
Address Address						
0:1		l Otata		7:-		
City		State		Zip		
Country						
Telephone			Email		·	
Assignee Name and Address:						
The Government of the United States of America, as represented by the Secretary, Department of Health and Human Services, National Institutes of Health						
6011 Executive Blvd., Rockville, Maryland 20852						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,						
and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	nature Su S D M			Date Ju	ıly 21, 2009	
Name	Susan S. R	Susan S. Rucker			301-435-4478	
Title						
The effective first is a solved by 27 CED 424 4.20 and 422. The inference of the state of the st						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**